MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

43062

1. PLACE OF DEATH Saline

County Saline — Registration District No. 796 — File No. ....

Township Marshall — Primary Registration District No. 6039 — Registered No. 131

City Norton, Mo. (No. .... , St. .... Ward)

2. FULL NAME Fern Louise Moody

(a) Residence, No. .... St., ... Ward.
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Child

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Mo.

FATHER
13. NAME Ira Moody
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norton, Mo.

MOTHER
15. MAIDEN NAME Elsie Satterly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leeds, Mo.

17. INFORMANT Ira Moody
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Cemetery DATE Dec. 11, 19..

19. UNDERTAKER J. S. Gussey
(ADDRESS) Marshall, Mo.

20. FILED 12-14, 1931 Mrs. John H. McGuire
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1931, to Dec. 10, 1931

I last saw her alive on Dec. 10, 1931. Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gastro Enteritis — Dec 1st

Other contributory causes of importance:

Name of operation None Date of 12-10-31

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ......, 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify ....

(Signed) Ross M Kennedy, M. D.

(Address) Marshall, Mo.